

PLEASE Read Instruction Page (attached):

TRANSCRIPT ORDER

1. YOUR NAME Charles Wilkerson				2. EMAIL charles.wilkerson@oig.dot.gov	3. PHONE NUMBER 2023662369	4. DATE 06/07/2024
5. MAILING ADDRESS 1200 New Jersey Ave SE, W74-125(DACC)				6. CITY Washington	7. STATE DC	8. ZIP CODE 20590
9. CASE NUMBER 2:21-CR-00111-WBS		10. JUDGE	FILED	DATES OF PROCEEDINGS		
13. CASE NAME Pooley		Jun 14, 2024 CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA		11. FROM 05/13/2024	12. TO 05/24/2024	
16. ORDER FOR <input type="checkbox"/> APPEAL No. <input type="checkbox"/> NON-APPEAL				<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL	<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER (Specify)
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.						
TRIAL	DATE(S)	REPORTER	HEARINGS	DATE(S)	REPORTER	
<input type="checkbox"/> ENTIRE TRIAL			<input checked="" type="checkbox"/> OTHER (Specify Below)			
<input type="checkbox"/> JURY SELECTION			Special Agent Corry Noel Testimony	05/21/2024 @10am	Kimberly Bennett	
<input type="checkbox"/> OPENING STATEMENTS						
<input type="checkbox"/> CLOSING ARGUMENTS						
<input type="checkbox"/> JURY INSTRUCTIONS						
18. ORDER (Grey Area for Court Reporter Use)						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1			
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
Next Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
2-HOUR	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		
19. SIGNATURE 				Digitally signed by CHARLES MATTHEW J WILKERSON Date: 2024.06.13 18:51:20 -04'00'		
20. DATE 06/13/2024				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT		
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED		
				TOTAL DUE		